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ABSTRACT

A survey was conducted in Victoria, Australia, to collect data concerning the prevalence of individuals with severe communication impairments. Based on the data gathered from 1100 service facilities, the Severe Communication Impairment Outreach Project was established. Funding was acquired to employ two statewide consultant speech pathologists with expertise in augmentative communication to serve the preschool and school-aged population. The consultants conducted workshops and provided individual consultancies on a collaborative basis throughout Victoria. Prior to each workshop, the consultants visited the facility to observe the classroom program, teacher-student interaction, and the use of augmentative communication, and to assess staff training needs to be covered in the workshop. Workshops covered such topics as saliva control, mealtime assistance, early communication, augmentative communication, and aided and unaided communication. Lectures were also developed and delivered at colleges to teach residential staff, therapy aides, and educators about the management of severe communication impairments. Future directions of the project are outlined. (JDD)

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Teaching the Teachers: Outreach Work in Australia

The Severe Communication Impairment Outreach Project

Paper for Poster presentation at the 1988 ISAAC Biennial Conference, Anaheim, California, U.S.A.

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Severe Communication Impairment Outreach Project

Most of us take our speech skills for granted however , there are many children and adults who do not have the luxury of clear speech. There are approximately 6000 people in Victoria alone who either cannot talk or whose speech is very difficult to understand. The ASHA (1980) definition of a severe communication impairment is appplied to individuals whose "speech is temporarily or permanently inadequate to meet all of his or her communication needs and whose inability to speak is not due primarily to a hearing impairment."p.268.

The prevalence of severe communication impairment has been affected by the extended life expectancy of the general population and a greater survival rate following both injury and road trauma . Concurrently, there has been a marked increase in the awareness of the rights of people with disabilities and their demands in determining their own future. Some of these changes have been reflected in the role of the speech pathologist which has broadened and diversified. Traditionally, the speech pathologist focused on the development of oral speech and language. Numerous factors such as the advances in medical technology, the influence of educational and rehabilitation programmes, integration and de-institutionalisation and increased accountability has changed the speech pathologist's focus. The focus is now on developing a functional means of communication for each individual. Thus the nature of speech pathology intervention has also changed. The development of a body of research on severe communication impairment has resulted in clients who were classed as irremedial now being defined as amenable to intervention.

Within Victoria, certain agencies e.g. the Spastic Society and the Royal Children's Hospital have been forerunners in the provision of services to

people with a severe communication impairment. Speech pathologists within these agencies have developed an expertise in the management of a severe communication impairment. Over the past decade these speech pathologists have received increasing numbers of requests for consultancy services, for advice on developing programmes and to run training courses in the assessment and management of nonspeakers. The requests came from a variety of sources including education department facilities, nursing homes, hospitals and rehabilitation centres, employment agencies, early intervention programmes and individual families and care-givers. It appeared a gap existed between the number of people who could benefit from speech pathology services and the limits of the services that were available.In order to examine this hypothesis it was necessary to establish a data base which would determine

1) the size of the population
2) current levels of service provision
3) potential needs of staff working with nonspeakers

In 1986 a prevalence survey was conducted to provide demographic data on this diverse population. Data was gathered from 1100 facilities throughout Victoria. The majority of the nonspeakers had some form of contact with agencies providing services to people with disabilities The information was collected on individuals with ages ranging from 2 to 102 years and with a variety of disabilities .

The nonspeaking school aged population (over 1600 students) was identified as being betweeen the ages of 5 and 21 years. The majority of these students had associated intellectual and / or physical disabilities and attended special education facilities. Three main agencies provided speech pathology services to these facilities . These were the Ministry of

Education, Office of Intellectual Disability Services and benevolent and welfare organisations such as the Yooralla society and Spastic society. Although theoretically all facilities had access to speech pathology services, 19% reported having no access to speech pathologists. This was for a number of reasons. Positions were either unfilled (particularly in country areas) or staffed by speech pathologists with little or no experience in developing augmentative systems of communication. Speech pathologists also reported that large caseloads and existing waiting lists were reasons for excluding services to nonspeakers, especially those students in segregated settings. McAllister(1985) reinforced their decision by stating that "the situation of being overloaded with long term, slow to improve clients must be avoided for reasons of personal satisfaction and the avoidance of burnout."p 148. However, 28% of facilities reported receiving a minimum service of a half day a week and 29% of facilities reported having more than one full time speech pathologist. The latter were predominantly in Yooralla Society and Spastic Society facilities which had teams of speech pathologists specialised in working with nonspeakers.

The problem of lack of services was maintained by three conditions:-

1)A general shortage of qualified speech pathologists. .

2)A shortage of speech pathologists with specialised knowledge in severe communication impairment.

3)A shortage of staff in service provision with an adequate knowledge of working with individuals with a severe communication impairment.

It was considered that a service could be developed which would help to alleviate the final two conditions while the general shortage of speech pathologists was (and still is) a longer term aim. Two main aims were identified, these were :-

1) to develop a workshop/consultancy outreach service and

2) to develop courses on the management of severe communication impairment and to lecture in tertiary colleges .

Funding

The results of the severe communication impairment survey(Bloomberg & Johnson 1987) indicated that the area of urgent need for services was with the nonspeaking adult population. Unfortunately, budgetary restraints for adult services precluded any new initiatives being funded in the immediate future. Another identified area of need was the pre-school and school aged population, particularly those students with an intellectual and /or physical disabilities. Funding was available for this group of severely disabled students through the Commonweath Special Education Projects. A submission to service these students, entitled the " Severe Communication Impairment Outreach project "was written to tap this avenue of funding. The submission was to fund two statewide consultant speech pathologists for two years including monies for travel , accomodation and equipment. On approval of funding, a management committee was established to support the consultants. On the management committee were representatives from teaching services and speech pathology services within the Ministry of Education, paramedical services and staff training services within the Office of Intellectual Disability Services and within Benevolent and Welfare agencies and a representative from the Commonwealth Special Education Projects. Progress reports were produced quarterly. Continued funding for the second year of the project was contingent upon the demonstrated success of the project's first year.

Developing the Outreach Service

Realistic objectives had to be defined which could be achieved within the two year time frame.The service attempted to provide a large number of caregivers and educators with basic skills and knowledge in the area of severe communication impairment. In the first year, twenty-nine facilities were targeted across the country and metropolitan regions of Victoria. Each facility was entitled to a 4 day service consisting of pre-service, workshop and direct consultancy components.

Several models of consultancy were investigated (Caplan, 1970, Frassinelli, Superior and Meyers, 1983, Kadushin, 1977, McAllister, 1985) before establishing the outreach service. The literature that was reviewed reflected the trend away from the traditional one-to-one service model and the move towards a consultative approach. Frassinelli et al.(1983) suggested that the advantages for speech pathologists with a consultative approach were

"(1) to serve a larger client population , (2) to provide service in the classroom environment, and (3) to achieve preventive effects ."(p. 25)

As the predominant target group were clients with severe learning disabilities who required daily repeated input for a programme to be successful the following components of a consultancy model were identified as being necessary:-

1) a facility based service

2) pre-service liason with facilities to establish staff training and client needs

3) inservicing for educators and caregivers

4) follow-up consultancies

Selection of Facilities

The S.C.I.O.P. service was advertised widely through speech pathology , Ministry of Education and Commonwealth Special Education publications. The aim was to provide an outreach service to a minimum of three facilities within each of the eight Ministry of Education regions. Where this criteria was not met certain facilities were targeted within a region. Details of the proposed service were discussed with interested applicants. A contact person was assigned from each facility. Their role was to organise and co-ordinate the S.C.I.O.P. service with caregivers , professionals and other staff. This role was usually taken by principals, speech pathologists and language teachers. Individual caregivers or educators who were not attached to a particular facility were involved with a workshop in their local areas.

Pre-Service

The consultants offered each facility a half day pre-service time. This time gave the consultants a chance to observe the teachers working with students in the classroom , the classroom programme, and the use of any forms of augmentative communication. The range of abilities of the students and their levels of functioning were also noted. At the pre-service the content of the proposed workshop was discussed with the contact person and other interested staff. It was requested that any speech pathologist ,visiting teachers, or paramedics servicing the facility also be invited to attend or contribute. At this meeting it was decided whether a separate workshop would be provided for parents and caregivers. Each facility was required to nominate a workshop day where the maximum number of staff and caregivers could attend. In the education department this was usually designated as a curriculum day. If caregivers were unable to attend an alternate time(including evenings and weekends) was arranged.

Appropriate literature in the form of handouts were left with the contact person for dissemination prior to the workshop(s).

Workshops

The S.C.I.O.P. service provided a maximum of two and a half days workshop time. This was taken by two regional workshops on consecutive days including an evening session. More usually the workshop request was for a day or two days taken on separate occasions. The content of the workshop was divided into discrete modules.These modules were:- Saliva control.....assessment and management

Mealtime assistance.....Social attitudes, nutritional aspects -and management.

Early communication.....Pre-language assessment and intervention

Augmentative communication.....An overview of aided and unaided systems

Aided communication.....Teaching materials, selection of vocabulary and making communication aids

Unaided communication....Makaton workshops and introduction to the use of sign and gesture

Functional use of augmentative communication

The workshops were designed to be interactive and to develop practical skills. This was particularly important in maintaining the participant's interest and concentration throughout the day. Workshops were organised for anything from 10 to 65 participants using a range of audio visual aids, small group work and flexible programming to cater for their diverse needs.

Participants completed evaluation forms at the workshop and a follow-up time for consultancy was allocated .

Consultancy

A consultancy time was made for approximately 6 weeks after the S.C.I.O.P. workshop. Consultancy forms for individual students were required to be completed just prior to the date of the consultancy. These forms provided brief case history information and details of any intervention which had occurred since the workshop. A maximum of two and a half days were available for consultancies.

An average number of five students could be seen within a day. Consultancies predominantly occurred within the school setting and were attended by the class teacher, and where possible the student's caregiver. The speech pathologist was also invited to attend. Consultancies with pre-school students were at home or in the pre-school setting.

A modified integrated model of consultancy (Prizant and Tiegerman ,1984) was utilised. This collaborative approach of consultancy consisted of :-

1) observing the student and teacher's (or caregiver's) interaction during the daily programme . This was to ascertain the student's level of functioning, the teacher/caregiver's use of language , the augmentative forms of communication being used and the opportunities for the student to communicate. Where the consultant felt it appropriate she moved in to interact with the student(s) to demonstrate or experiment with approaches to assist with the communication.

2) Taking notes on the student's consultancy form summarising the observations and interactions.

3) Discussion with the teachers/caregivers on these observations and the behaviours of the student in other situations. From this ideas were

developed that could be incorporated into the programme.
Recommendations made with teachers were often applicable for more than one student in the class group and suggestions could be generalised to other students. During this process the consultants were cognisant of environmental factors such as the language models provided by peers, the availability of toys and equipment , and staff/student ratios which would affect the amount and quality of time available.
4) Immediately writing recommendations which were photocopied and distributed to people associated with the management of the student. The recommendations included teaching techniques, references to resources (these were materials and/ or people), suggestions for equipment and how to develop teaching aids.
5) Where appropriate the outcomes were then discussed with the contact person to ensure the recommendations would be followed through.

Another aspect of the consultancy was dealing with a large number of telephone queries concerned with severe communication impairment. In these instances the consultants attempted to refer the inquiries to other appropriate agencies if innapropriate for the S.C.I.O.P. service.

Developing resources

For an effective service to be provided, a range of resources needed to be developed. Many resources were developed by the consultants incorporating ideas from books, conferences, networking with colleagues around the state and from their own personal experiences. A limited equipment budget was used to purchase useful books and videos. Handouts to accompany workshop modules were continually developed and modified throughout the year. A diverse collection of pictograph teaching aids and slides was established.

The role of statewide consultants allowed for the observation of a variety of educational and home-based programmes around Victoria. Practical ideas and suggestions were often taken from one setting and suggested for use in another.

The consultants were also on committees that were associated with aspects of severe communication impairment. These were the Victorian Makaton committee, the Compic Development Association (Computerised Pictographs for communication), the Saliva Control group and clinic, video groups on mealtime assistance and early intervention, the "Communication without Speech" author's committee and the Australian Group on Severe Communication Impairment. These committees allowed the consultants to remain abreast of new developments in the area of severe communication impairment and to be a resource for their practical application.

Evaluation

A data base was established to record the number and type of facilities serviced, the modules selected for workshops, the time allocation for workshops and consultancies and the number and role of participants attending the workshop.

A standard evaluation form was prepared for participants to complete anonymously after each workshop.The content of the form included the participant's role, comments on the length of the workshop, the most and least useful aspects of the day , suggestions for improvement and general comments.

Approximately, 1100 caregivers and educators attended S.C.I.O.P. workshops during 1987. Overall the responses were extremely positive with many enthusiastic comments on the the presenters style of delivery and their demonstrated practical knowledge. Suggestions for

improvement included more use of audio visual materials and more small group work which were later implemented.

No formal methods of evaluation were used for evaluating the workshop/consultancy combination. However visible changes were noted in many of the facilities involved and staff/educators reported improvements in students' behaviours and interactions.Two examples of these are as follows:-

A student at a Special Developmental school chewed the inside of her cheeks and tongue until they bled. Cold sores developed around her mouth and eating became painful. A communication board was developed by a teacher at the school and this self mutilation behaviour ceased.

A pre schoolchild without speech was introduced to signing by her family after attending a workshop. This greatly increased her interaction in the family ,particularly with her father. The mother reported a marked improvement of family dynamics.

Extremely positive feedback was received by members of the steering committee and the funding body which recommended continued funding. A waiting list was established which numbered fourteen facilities by the end of 1987.

External evaluators were contracted by the funding body to assist with evaluation in 1988. This assistance aimed to analyse the effect of the total programme using a qualitative approach. This included attending workshops and in interviewing selected staff and caregivers/educators involved in the project.

Lecturing

The first aim of the project was to develop a workshop/consultancy out reach service. The second aim was to develop and teach courses on the

management of severe communication impairments. Experience in working with teachers and caregivers highlighted a general lack of knowledge in this area. It was evident that there was very little information on severe communication in the specialised training courses being offered. Relevant courses were devised which could be offered to a range of caregivers e.g. residential staff, therapy aides and educators. These included units in the Bachelor of Special Education, Bachelor of Applied Science, Developmental Disabilities Certificate, Allied Health Assistant's Diploma and Certificate for Health Educators. Lecturing in colleges provided access to large numbers of people who may not have otherwise recieved services from S.C.I.O.P.

Discussion

The form of the service continued to evolve throughout the project. The format in terms of time allotment remained static however qualitatively the service delivery altered. Alterations stemmed from the increasing theoretical and practical expertise of the consultants and additional understanding of staff and parent needs. Consultants therefore became more informal in the presentation of workshops and more realistic in their role as consultants . This service provided daily challenges which maintained a high level of committment for the consultants. One of the positives of this statewide service was the development of a widespread knowledge of special education facilities in Victoria which enabled resource planning and the dissemination of information between facilities.

The degree of involvement operating with the inherent limitations of a short term contract led to three main issues. The first two were over committment and time involved travelling throughout the state . The third was the conflict of establishing a balance between inservicing a

large number of people and providing a quality consultancy service in the four days allocated to each facility. The second year of S.C.I.O.P. was designed to extend the service by offering facilities who received the service in 1987 a further two days .At the time ,this was a compromise which enabled new facilities to be resourced in 1988 while continuing involvement with the original participants.

An underlying desire of the consultants was to see change within teaching practices and interactions with nonspeakers. It was envisaged that once educators saw a student make gains, he or she would be more prepared to transfer the ideas to other nonspeaking students in the future . Small changes began in the first year but by the second year more visible differences had occured. This would seem to be consistent with some of the theories of change . Some change did appear almost instantaneously (instigated by the people already converted) but change was more usually noticeable after the second or third consultancy visit. Where speech pathologists were available to assist with on-going consultancy the model was particularly successful. Northfield(1988)on change supported the importance of inservice training or workshops however he also remarked that without modelling, feedback and on-site support, it is unlikely that change will occur in more than 30% of the people inserviced(personal communication).

Future Directions

An ideal service would provide teams of consultants in augmentative communication in each region. Teams of teachers and paramedics could enable local skills training and individual consultancies to occur on a more frequent basis. These would be funded and operate on an inter-agency basis to provide services for educators and caregivers working with nonspeakers of all ages. The consultants would be involved in

continued lecturing , "hands-on" work, developing resources and networking.

Summary

S.C.I.O.P. was funded as a two year project by the Commonwealth Special Education Projects. It had 2 aims. Firstly, to provide an outreach service for educators and caregivers working with children who had severe communication problems and secondly, to develop courses and to lecture in colleges to people who would potentially be working with nonspeakers. S.C.I.O.P. employed two full-time consultant speech pathologists with expertise in augmentative communication and related areas. These consultants conducted workshops and provided individual consultancies on a collaborative basis throughout Victoria. In the first year, over 1100 people participated in statewide workshops and in the 2 years of the project more than 50 facilities were involved. S.C.I.O.P. provided an innovative pilot project as a successful form of alternative service delivery to a large nonspeaking population. It introduced educators and caregivers to the skills neccessary for enhancing and developing the communication of nonspeakers.

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Teaching the Teachers : Outreach work in Australia

Approximately half of the people who have a severe communication impairment in Victoria, Australia are under 21 years. There are nearly 2000 nonspeaking students involved in school programmes. The majority of these students are in special or segregated settings. Many of these settings recieve no speech pathology services or a maximum of .5 days a week. In 1986 the Commonwealth Schools Commission funded two speech pathologists to provide an outreach service for educators and caregivers involved with nonspeaking students. The proposed funding was for a two year project contingent on the success of the first year.

The aims of the project were fourfold: Firstly, to provide basic information through workshops given to educators and caregivers (workshops were given in the areas of mealtime assistance, saliva control , pre-language development and augmentative communication); secondly, to provide a limited consultancy service for a defined number students ; thirdly, to provide a support mechanism for isolated speech pathologists and finally, to lecture to direct care workers, health educators and teachers in tertiary institutions in all aspects of severe communication impairment.

This paper will discuss the issues of obtaining funding, a mode of evaluating an outreach service and the efficacy of implementing short term projects.